

Water System Name: Water System Number:	
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Analysis Report Form

-Wate	er System Section-		
Water System Name:			
Water System Number:			
•		ection Time:	
Collection Date (MMDDYYYY):	Cone	ction Time.	
If Composite Sample, List Sample Numbers and G	Collection Dates of Individ	lual Samples Used to	Composite
1. # 2. #	3. #	4. #	
Date / / Date / /	3. # Date / /	4. <u>#</u> Date	1 1
ample Collector Name Telephone No.:			
Sample Purpose (Circle One): Routine	(RT) Repeat (RP) S	Special (SP)	
		1 ()	
Sample Type (Circle One): Finished	I (FN) Kaw (KW)		
-Samp	oling Point Section	 -	
WSF State Asgn ID:	WSF State Asgn ID: Descrpt.:		
Sampling Point:	Descrpt.:		
- Required San	npling at Sample Poi	nt	
Analyte Group Code: RADs With Urani	um	Required	Concentration
Analyte Code	e Method Code*	Detection Limit	pCi/L
URANIUM, COMBINED 4006			
RADIUM, COMBINED (226, 228) 4010			
RADIUM-226 4020			
RADIUM-228 4030			



Water System Name:		Water System Number:
	-Laboratory Secti	on-
Labo	ratory State ID Number:	
	Laboratory Name:	
	Lab Sample Number:	
	Date Lab Rcpt.:	
	Complete Date:	
	Complete Time:	
Commen	ts (Data Quality Issues):	
Mail Results to:	Illinois Environmental Protection Agency Drinking Water Compliance Unit, Mailstop #19	
	1021 North Grand Avenue East, P.O. 19276 Springfield, IL 62704-9276	
Questions Call: (2	17) 785-0561	
Fax: (217) 557-140)7	
Signature of A	nalyst or Official	
	Date Forwarded	

* See List of Permitted Values

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 1/2, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues. a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.